DEPARTMENT OF DEFENSE SCHOOL AGE PROGRAM ANNUAL SUMMARY OF OPERATIONS	REPORT CONTROL SYMBOL

INSTRUCTIONS

Complete the following information for your Services. If the information is available for Reserve and other school age programs under your Service's jurisdiction, complete a separate form. Date of record for specific entries noted by an asterisk (*) is the last Wednesday in September of each fiscal year. Reporting period is Fiscal Year (last October 1 to current September 30).

1. BRANCH OF SERVICE	2. DATE OF REPORT *(YYYYMMDD)*	3. TOTAL INSTALLATIONS PROVIDING SCHOOL AGE CARE (SAC)

4. LOCATION OF PROGRAMS *(X all that apply)*

- a. CHILD DEVELOPMENT PROGRAMS ONLY
- b. YOUTH PROGRAMS ONLY
- c. SCHOOLS ONLY
- d. BOTH CHILD DEVELOPMENT AND YOUTH PROGRAMS
- e. OTHER *(Specify)*

5. TOTAL ONE TIME CAPACITY OF ALL SCHOOL AGE PROGRAMS*

- a. CHILD DEVELOPMENT CENTERS
- b. FAMILY CHILD CARE
- c. YOUTH PROGRAMS
- d. SCHOOLS
- e. OTHER
- f. TOTAL

6. NUMBER OF YOUTH ENROLLED

	CIVILIAN (a)	MILITARY (b)
a. CHILD DEVELOPMENT PROGRAMS		
(1) CHILD DEVELOPMENT CENTERS		
(2) FAMILY CHILD CARE		
b. YOUTH PROGRAMS		
c. VACATION DAY CAMPS		
d. OTHER		

7. ATTENDANCE ON DATE OF RECORD*

	CIVILIAN (a)	MILITARY (b)
a. CHILD DEVELOPMENT PROGRAMS		
(1) CHILD DEVELOPMENT CENTERS		
(2) FAMILY CHILD CARE		
b. YOUTH PROGRAMS		
c. OTHER		

8. NUMBER OF CHILDREN ENROLLED WITH SPECIAL NEEDS	9. NUMBER OF CHILDREN ON WAITING LIST

10. WAITING LIST BY AGE GROUP

- a. 5 - 8 YEARS
- b. 9 - 12 YEARS
- c. SPECIAL NEEDS, 5 - 8 YEARS
- d. SPECIAL NEEDS, 9 - 12 YEARS

11. NUMBER OF INSTALLATIONS THAT OFFER:

- a. BEFORE SCHOOL
- b. AFTER SCHOOL
- c. BEFORE AND AFTER SCHOOL
- d. VACATION DAY CAMP
  - (1) FULL DAY
  - (2) HALF DAY
- e. CHECK-IN

12. PLACEMENT INFORMATION FOR FISCAL YEAR *(Average placement time in months)*

13. FISCAL YEAR FINANCIAL DATA *(Total dollars in millions)*

- a. APPROPPRIATED FUND (APF) SUPPORT *(Excluding common support and utilities)*
- b. INCOME FROM PARENT FEES
- c. NON-APPROPRIATED FUND (NAF) EXPENDITURES
- d. NAF SUBSIDY *(NAF expenses over and above parent fees and excluding depreciation)*

14. SCHOOL AGE CARE DIRECTORS*

TOTAL POSITIONS:
- a. APF
- b. NAF
- c. CONTRACT

15. TOTAL NUMBER OF OTHER SCHOOL AGE STAFF

16. CERTIFICATION*
- a. NUMBER OF SAC PROGRAMS DOD CERTIFIED
- b. NUMBER OF WAIVERS

17. USER DATA *(Average users by income category)*

	$	%		$	%
a. CATEGORY I			d. CATEGORY IV		
b. CATEGORY II			e. CATEGORY V		
c. CATEGORY III					

18. USDA FOOD PROGRAM ENROLLMENT DATA
- a. NUMBER OF PROGRAMS ENROLLED *(Excluding FCC)*
- b. TOTAL ANNUAL REIMBURSEMENT

19. REMARKS *(Use this space to clarify answers. Continue on back if necessary.)*

DD FORM 2646, MAR 1997 (EG)

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